



ARKANSAS
BUREAU OF
STANDARDS

4608 West 61st Street
Little Rock, AR 72209
bureau@aspb.ar.gov
Phone (501) 570-1159
Fax (501) 562-7605

Consumer Complaint Form

**Complainant
Name** _____

Day Phone: _____ - _____ **Evening Phone:** _____ - _____

**Mailing
Address:** _____ **City:** _____ **State:** _____ **Zip:** _____

**Name of
Establishment** _____

Address _____ **City** _____ **County** _____

Nature of Complaint
(Please include all information relative to the complaint including date/time of incident, directions, landmarks, etc.)

<input type="checkbox"/> Retail Meter	<input type="checkbox"/> Wholesale Meter	<input type="checkbox"/> Scale	<input type="checkbox"/> Moisture Meter	<input type="checkbox"/> LP Meter	
<input type="checkbox"/> Pricing	<input type="checkbox"/> Misrepresentation of Quantity	<input type="checkbox"/> Petroleum Quality	<input type="checkbox"/> Labeling	<input type="checkbox"/> Advertising	
